

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09802093

FILING DATE

03-12-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/				51						
2		1		/			52						
3		1		/			53						
4		1		/			54						
5		1		/			55						
6		1		/			56						
7		1		/			57						
8		1		/			58						
9	1		/				59						
10		1		/			60						
11		1		/			61						
12	1		/				62						
13		1		/			63						
14		1		/			64						
15		1		/			65						
16		1		/			66						
17		1		/			67						
18		1		/			68						
19		1		/			69						
20		1		/			70						
21		1		/			71						
22			/				72						
23			/				73						
24			/				74						
25			/				75						
26			/				76						
27			/				77						
28			/				78						
29			/				79						
30			/				80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	↓	14	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	21		17				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS